| PATENT APPLICATION PEE DETERMINATION RECORD Substitute for Form PTO-876 | | | | | | 7 | Application or Dockel Number 01820029 | | |
|--|---|---|-------|--------------|-------------------|----------------------|---------------------------------------|--------------------|--|
| APPLICATION AS FILED - (Column 1) | | PART (Column 2) | | SMALL ENTITY | | OR | OTHER THAN SMALL ENTITY | | |
| . BASIC FEE | NUMBER FILED | NUMBER EXTRA | | .RATE (8) | FEE (\$ | | | 1 | |
| SEARCH FEE | | | | | | | RATE (1) | FEEG | |
| 137 CFR 1.16(kd, fil, or (ml) | | | _ | | 1 | | | | |
| EXAMINATION FEE (37 OFR 1.16(0), (p), or (q)) | | | -1.1 | | | | <u> </u> | <u> </u> | |
| TOTAL CLAIMS (37 CFR 1.16(1)) | | | -11 | | | - | | 1 . | |
| NDEPENDENT CLAIMS | minus 20 = | | -4 1- | <i>X</i> = | | ÖR | `.X = | = | |
| 17 CFR 1.16(h)) | minus = | i de la companya de | J L | <u> </u> | | 7 . 1 | X = | | |
| PPLICATION SIZE | If the specification and of sheets of paper, the app | dicollon etra Can deia | | | | 1 1 | | | |
| ~ ~ ~ · · · · · · · · · · · · · · · · · | is \$260 (\$126 for small e additional 50 sheets or fo | infihal for an ele . | | | | 1:1 | | 1 | |
| | 35 U.S.C. 41(a)(1)(G) an | 1d 37 CFR 1.16(s). | 11. | | ٠. | 1 4 | | 1 | |
| JLTIPLE DEPENDENT CL | AIM PRESENT (97 CFR 1.16 | gy | 71 | | | 1 F | | | |
| the différence in column 1 | is less than zero, enter "0" in | a column a | | | | L | | | |
| | | | | TOTAL [| | l | TOTAL | L | |
| An | DN AS AMENDED – P | 'ART II | · | | | | , i | • | |
| // / (Colum | | imin 2) (Column 3) | | SWALL E | 11117 ~ | OR | OTHER | | |
| CLA REMAI | MING NUM | BER PRESENT | | ATE (S) | ADDI- | | SMALL E | ENTITY | |
| AFTI | ER PREVIO | | | : | TIONAL FEE (4) | - 1 | RATE (1) | ADDI- TIONAL | |
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| FIRST PRESENTATION OF MI | ULTIPLE DEPENDENT CLAIM | (37 CFR 1.16(1) | | - 1 | 1-1 | . - - | ~ / | | |
| | | | TOT | | 1-1 | OR. | (AL | <u> </u> | |
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| | | , , | | | - 1 | | | | |
| ST PRESENTATION OF MULT | IPLE DEPENDENT CLAIM (37 | CFR 1.16(i)) | | | OF | | | | |

If the entry in column 1 is less than the entry in column 2, write '9' in column 3.

If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 20, enter '20'

The 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter '3'.

The 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter '3'.

This collection of Information is required by 37 CFR 1.16. The Information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Department of Confinerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO.HOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commission of or Patonis, P.O. Box 1450, Alexandria; VA 22313-1450.

If you need assistance in completing the torn, call 1-800-PTO-9189 and select option?